

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47370 (7)

1. Corporation Name

DIVERSIFIED HEALTH MANAGEMENT, INC.

Principal Place of Business

C/O WILFRED BRACERAS
1200 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

C/O WILFRED BRACERAS
1200 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0105358

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 600 W. 20th St.

2a. Mailing Address

26 600 W. 20th St.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

Zip

24 33010

Country

25 DADE

Zip

29 33010

Country

30 DADE

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

BRACERAS, WILFRED

82 Street Address (P.O. Box Number not acceptable)

600 W. 20th St.

83

84 City

Hialeah

FL

85 Zip Code

33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Wilfred Braceras

(NOTE: Registered Agent signature required when re-registering)

04/24/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PTD
BRACERAS, WILFREDO
44 W. FLAGLER ST.
MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

D/P/S/T
BRACERAS, WILFREDO
600 W. 20th St.
Hialeah, FL 33010

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wilfred Braceras

(SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR)

04/24/95

Signature Required